DOCUMENT RESUME

ED 379 527 CE 068 472

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|---|---|
| AUTHOR | Harris, Carolyn DeMeyer; McKinney, David D., Ed. |
| TITLE | Healthy Connections. A Training Program for Volunteers Working with At-Risk Pregnant Women. Leader's Manual. |
| INSTITUTION | VSA Educational Services, Washington, DC. |
| PUB DATE | 94 |
| NOTE | 106p. |
| AVAILABLE FROM | VSA Educational Services, 1331 F Street, N.W., Suite 800, Washington, DC 20004 (manual and video). |
| PUB TYPE | Guides - Classroom Use - Teaching Guides (For Teacher) (052) |
| EDRS PRICE | MF01/PC05 Plus Postage. |
| DESCRIPTORS | Adolescents; Adult Education; *At Risk Persons; *Communication Skills; Health Education; Learning Activities; One Parent Family; Parent Child Relationship; *Parenthood Education; Teaching Methods; *Unwed Mothers; Volunteers; *Volunteer Training; Workshops |

ABSTRACT

This leader's manual, keyed to an accompanying videotape, contains step-by-step instructions for conducting a training session for volunteers who are preparing to work with young unmarried pregnant women. The manual, which includes transparency masters of handouts, is laid out with the outside column of each page containing instructions to the workshop leader and approximate delivery time for each activity. The inside column provides the text of the program. The manual is divided into four sections that cover the following topics: understanding your volunteer roles, understanding the partnership with your client, raising awareness of health risks, and working together in productive relationships with clients and agencies. Each section starts with the purpose, objectives, material needed, and notes for opening the section. There is also a brief introductory presentation for use in the beginning of a training session. The segment presentations include the segment set-up, discussion notes, advice to the leader, examples, and a summary. Each section uses a variety of training tools, including role plays, worksheets, handouts, and other activities. A resource section lists 65 resources grouped into organizations, publications, and commercial materials covering the following topics: healthy pregnancy, prenatal care, volunteering, cultural diversity, substance abuse, and child rearing and parenting. (KC)

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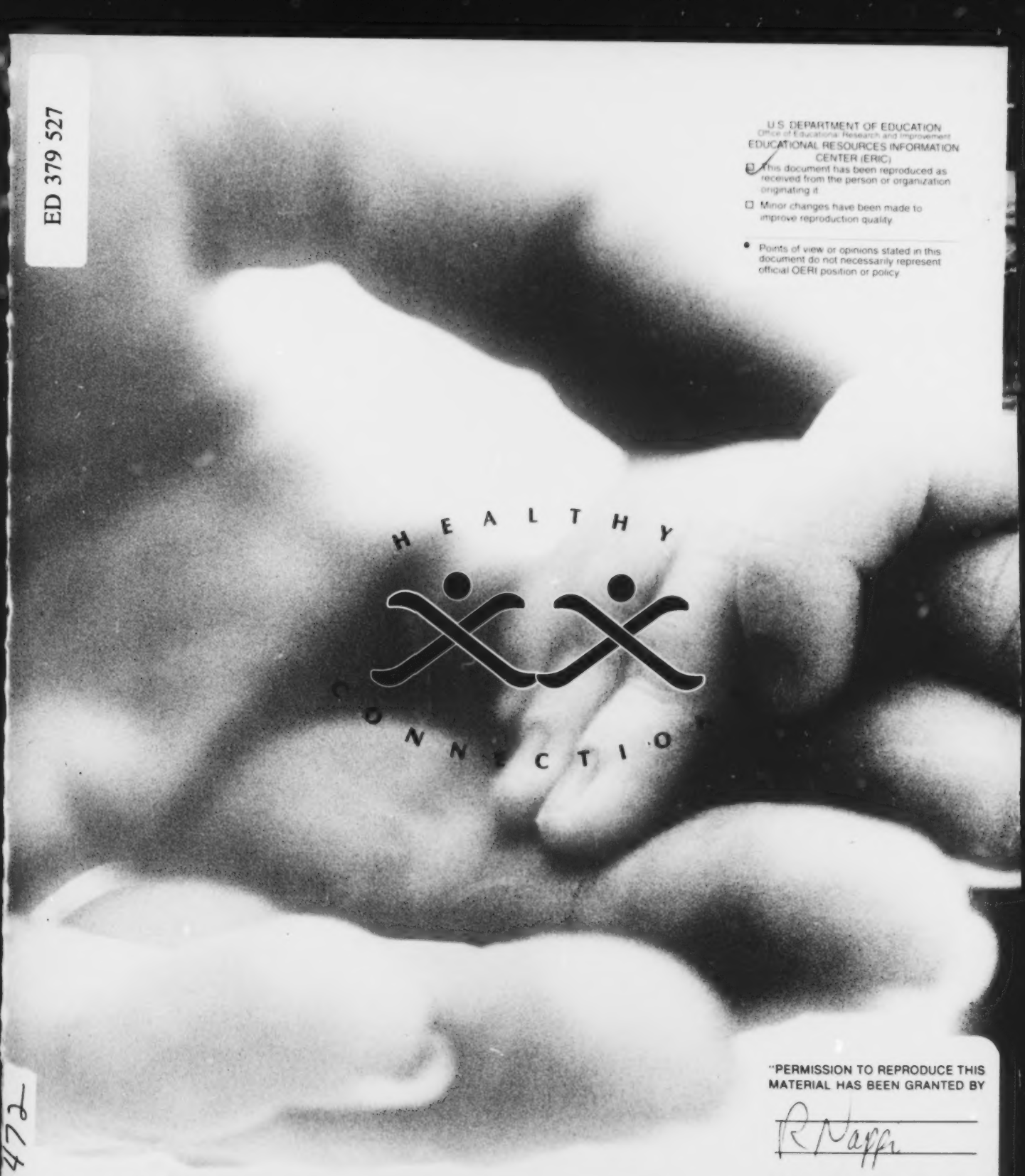


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# A TRAINING PROGRAM *for Volunteers*

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# Leader's Manual

Carolyn DeMeyer Harris, Ph.D.
David D. McKinney, Ph.D., Editor

**VSA Educational Services**
1331 F Street, NW, Suite 800
Washington, DC 20004

**Healthy Connections**
*An Awareness and Training Program for Volunteers*
*Working with Pregnant Women At-Risk of Substance Abuse*

Project Developers: Kara Kennedy, Mark R. Reynolds, Ph.D., and J. Paul Rickett
Project Director: Carolyn DeMeyer Harris, Ph.D.
Project Manager: David D. McKinney, Ph.D.
Video Producers: Therese Allen and Kara Kennedy
Video Director: David Braun
Project Associate: Amy Liss

VSA Educational Services
1331 F Street, NW, Suite 800
Washington, DC 20004
Phone: (202) 628-8080
Fax: (202) 628-3812
TDD: (202) 737-0645

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# Acknowledgments

**Funders**
Joseph P. Kennedy, Jr. Foundation
Johnson and Johnson
Very Special Arts

**Advisory Members**
Machelle H. Allen, M.D., New York University Medical Center, Department of Obstetrics and Gynecology

Herbert J. Cohen, M.D., Director Children's Evaluation & Rehabilitation Center, Albert Einstein College of Medicine of Yeshiva University

Robert Coles, Ph.D., Harvard University, University Health Services

Stanley I. Greenspan, M.D., George Washington University Medical Center

**Design Team Members**
Gail Beard, Social Worker, Harford County (MD) Health Department

Patricia Deninger, Director Community Outreach & Resource Mothers, Fairfax County (VA) Branch YMCA

Linda Ivey, Director Community Relations, District of Columbia General Hospital

Elizabeth Loden, Director Foundation Development, Child Welfare League of America, Washington, DC

Patricia McGrath, Fairfax County (VA) Social Services, Alcohol & Drug Services

Charlotte Swift, RN, Director, Resource Mothers Project National, Washington, DC

**Field Interview Members**
Evelyn Copeland, Demonstration & Evaluation Coordinator, Center for Substance Abuse Prevention, Rockville, Maryland

Jarold Kieffer, Volunteerism Consultant, Fairfax, Virginia

S. Kanu Kogod, Ph.D., Bridges in Organizations, Inc., Bethesda, Maryland

Hector Mendez, LCSW, Executive Director, La Familia Counseling Service, Hayward, California

Lauren Nile, Esq., Director of Training, The National MultiCultural Institute, Washington, DC

Maria Elena Orrego, The New Community Family Place, Washington, DC

Katie Penick, The D.C. Hotline/PhoneFriend Program, Washington, DC

Kate Whitacre, Director, The Alternative House, Gary, Indiana

**Supporting Sites**
District of Columbia General Hospita

Fairfax County (VA) Branch YMCA

Harford County (MD) Health Department

**Video Volunteers, Clients, Infants and Children & Agency Personnel**
Kyra Tinsley Assaad, Pat Balducci, LCSW, Alveteus Baylor-Taylor, Gail Beard, Karen L. Braun, Deena P. Brooks, Michele L. Buranen, JaCory Chambers, Tatiana Chavez, Rani Eichhorn, Doris Figueroa, Yesenia Figueroa, Lisa Flores, Elizabeth A. Gingras, J. Sue Henry, RN, MS, Jervonne Hickman, Angela M. Holland, Rosa Lee Hutchins, Patricia Inman, Margaret (Bunni) Latkin, Dorothy J. Little, Mary Jo Lodge, Jennifer K. Murray, Michelle A. Nielsen, Andrew Peterson, Salome Caprice Pilas, Morgan Noelle Powell, Reneé C. Powell, Jacqueline Rosen, Lisa Rutishauser, Natalie Salcedo, Beverly J. Stump, M.D., Swanza Tibbs, Lorraine Tinsley, Susan Vaccarino, Tee Wallace, Ivone Weber

VSA Educational Services is a wholly owned subsidiary of Very Special Arts, an educational affiliate of the John F. Kennedy Center for the Performing Arts.

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# Introduction

*Healthy Connections* is designed to enhance the services provided by volunteers to at-risk pregnant women and mothers. The program provides agencies serving these women with the materials they need to lead training programs for volunteers. The training package includes a Leader's Manual and a videotape, which are divided into topic sections that can be used as a self-contained training program or in conjunction with an agency's existing program-specific training.

*Healthy Connections* is based on the belief that one-to-one relationships between volunteers and pregnant women promote self-reliance and encourage women to take control of their lives. Such positive relationships play an important role in preventing the birth of babies with disabilities. *Healthy Connections* helps volunteers understand the nature and scope of problems faced by at-risk mothers and families and encourages mothers to give birth to healthy, substance-free infants. The program is designed for volunteers who deliver non-medical services like advocacy, positive role modeling, education, and emotional support. It shows volunteers how to enhance communication, bridge cultural or value differences, and promote empathy with their clients.

*Healthy Connections* was initiated through grants from the Joseph P. Kennedy, Jr. Foundation and Johnson and Johnson. A seven-member Design Team composed of experts from the fields of maternal and child health, substance abuse, and volunteer services provided content guidance. A distinguished faculty from four university medical and health programs served as Advisory Board members. The program has benefited from the support and technical assistance of America Belongs to our Children, Child Welfare League of America, Resource Mothers Project, District of Columbia General Hospital, Harford County (MD) Health Department, Fairfax County Branch (VA) YMCA, and Fairfax County (VA) Social Services.

## Training Goals

*Healthy Connections* is designed to help leaders and volunteers accomplish the following goals:

- Clarify motives, expectations, goals, and limitations related to one-to-one volunteering;
- Increase self-awareness of attitudes and beliefs related to working with a client who may have different values and circumstances; and
- Increase awareness of basic characteristics of the client and issues she may be facing.

## Training Themes

The following training themes are emphasized:

- Facilitating client avoidance of alcohol, tobacco, and other drugs during pregnancy so that she gives birth to a healthy baby;
- Enhancing client growth in skills to promote more independent living and self-reliance; and
- Fostering teamwork between the volunteer and agency staff.

## Training Focus

*Healthy Connections* is a skills-building program. It provides a broad conceptual framework and introduces core attitudes, knowledge, and skills. It was developed to meet the needs of all volunteers, and the goals are attainable to new volunteers. The training package is:

- *Relevant*—Training addresses real needs of volunteers. It reflects the combined experience and expertise of directors and staff of a variety of volunteer and related programs.
- *Sensitive*—Training promotes sensitivity to and respect for diversity. It supports volunteers in responding nonjudgmentally to and working effectively with clients whose values may be quite different from theirs.
- *Direct*—Training communicates clearly and briefly only what is important.
- *Flexible*—Training is useful in a variety of contexts. The program sections can be offered in a one-day session or extended over weeks or months. The entire program can be delivered in a single five-hour period or in four segments. *Healthy Connections* can be used to train small or large groups, or delivered one-on-one.
- *Concise*—Training introduces a variety of skills and content areas in enough depth to be meaningful but not overwhelming to leaders or participants.

Topics like safety issues are discussed briefly. Your agency may wish to individualize training by adding components which address: agency mission, structure, policies, and procedures; child development; parenting skills; obtaining pediatric care; obtaining child care; birth control after delivery; abortion; recruiting and screening volunteers; matching volunteers and clients; allocating volunteer hours; evaluating volunteer performance; and liability.

## Training Package

The training package consists of:

- *Leader's Manual* contains step-by-step instructions for conducting the training including blackline masters of handouts. The manual is laid out with the outside column containing instructions to the leader and approximate delivery time for each activity. The interior column provides the text of the program. A section listing selected resources includes organizations, publications, and commercial materials related to pregnancy, prenatal care, substance abuse and avoidance, volunteerism, cultural diversity, and child rearing and parenting.

- *Videotape* follows the same organization of the Leader's Manual, and the manual clearly indicates places for its use within the program. Throughout the video, real volunteers and agency personnel from three programs speak about their experiences in working with pregnant women at-risk of substance abuse. Background footage depicts many of the activities and interactions that the volunteers and agencies consider as essential parts of their work with clients. The video may also be used as a stand-alone introduction to pregnancy-related health risk issues, communication skills, and problem-solving techniques by organizations unable to dedicate time or staff to formal training.

**Sections**
Training is divided into four sections:

*Section 1.* *Understanding Your Volunteer Roles*
Helps volunteers examine personal motives and learn to work as part of a team, identify acceptable activities and involvement, and serve as a role model.

*Section 2.* *Understanding the Partnership with Your Client*
Provides basic information for volunteers on dealing with diversity and understanding different types of behaviors and decision making.

*Section 3.* *Raising Awareness of Health Risks*
Presents basic concerns related to substance abuse, Fetal Alcohol Syndrome, mental retardation, tobacco use, and nutrition.

*Section 4.* *Working Together*
Focuses on basic communication and problem-solving techniques to help volunteers be effective partners in productive relationships with their agencies and clients.

**Section Structure**
Each section starts with the Purpose, Objectives, Materials Needed, and notes for Opening the Section. There also is a brief introductory presentation for use in the beginning of a training session. These are followed by the segment presentations, which include:

- *Segment Set-Up*—in a script format, presents introductory comments to set the stage for the discussion, video, and activities; establishes concepts, premises, and terms relevant to the topic; suggests use of flip charts for key ideas; and introduces appropriate video segments.

- *Discussion Notes*—directed to the leader, these provide guidance for an initial discussion focus and points for emphasis including reminders to link information to your agency's particular perspective; the script format is adopted again in directions for the activity that follows discussion, which may be a role play, paper-and-pencil exercise, or prepared worksheet.

- *To the Leader*—interspersed in the segments, suggests how to reinforce a topic or training technique, present additional information or examples for consideration, or offer ways to continue or conclude an activity.

- *Example*—At various places in the program a personal story or example would advance the training. It is always preferable if the leader can tell a story related to the agency's program. When the leader does not have a personal story, a character was created with experiences that can be used. The character is Viola, who works in a mother's mentoring program and started as a volunteer.

- *Wrap Up*—A recap and summary ideas that the leader can use for brief discussion to close the section.

Each section utilizes a variety of training tools, including:

- *Role plays*—are provided as supporting exercises. They promote self-examination and self-awareness skills so that volunteers learn to work through any emotions and views that might interfere in or prevent working effectively with their clients. Volunteers need opportunities for exploration and growth in communication skills that are non-judgmental. The leader should encourage volunteers to undertake the risk involved in active practicing that will allow them to think about a range of responses and possible consequences. Practice is essential for learning or changing behaviors. It allows volunteers to try out different roles and situations to better prepare for their work in the real worlds of their clients.

  If the training group is sufficiently large, triads can be used with one person taking the role of observer. When time permits, roles should be reversed prior to presenting to the remainder of the group. The observer, whether the leader or third person,

watches to see how the pair reacts to each other, how tense or relaxed they are, how effective their communication with each other appears to be, what suggestions there might be for improving the situation. The leader is responsible for ensuring that feedback is constructive criticism and not an attack on individual values and beliefs. The leader is encouraged to substitute actual problem situations from the agency's experience. So, if there is additional time, consider both increasing the number of role play situations and using them in refresher training sessions.

- *Worksheets, handouts, and other activities*—are designed to reinforce the topic, clarify their own point of view regarding the topic, and learn skills to help them communicate more effectively with their clients. These activities will be completed within the large group, in small groups, in pairs, or individually. Each will be followed by group examination and sharing. The activity sheets have been prepared as blackline masters for duplication and are compiled at the end of the manual for easy access.

## Audience Profiles

*Healthy Connections* was developed to assist agencies, volunteers, and clients with the following profiles:

**Agencies**
*Agencies* may provide medical services or non-medical support to pregnant women, particularly young women, at-risk for:

- obtaining inadequate prenatal care, or
- delivering infants at-risk of life-threatening or life-altering conditions related to substance abuse or child abuse and neglect, including mental retardation and other developmental disabilities and delays.

Volunteer services may include positive role modeling, assistance in obtaining needed medical care and other social services, and support in these areas:

- Advancing prenatal care;
- Obtaining transportation to and from medical appointments;
- Understanding medical information;
- Complying with instructions from medical personnel concerning nutrition and other aspects of prenatal care;
- Identifying and using community resources that can help clients stop or prevent alcohol or other drug use during pregnancy;

- Obtaining parenting skills training;
- Helping clients stay in school, obtain their General Education Diploma (GED), or obtain English language (EL) training; and
- Identifying and using community resources that assist clients in planning additional pregnancies.

**Volunteers**

*Volunteers* may come from all walks of life. They may be from any ethnic group, including African-American, Asian-American, Euro-American, Hispanic-Latino American, or Native American. Volunteers may live in the same community as their clients or live outside the community. Some volunteers may be former clients. Others may be retired or working professionals. Their education may range from extensive formal education to less than high school. Volunteers may range from affluent to economically disadvantaged. Some volunteers are bilingual. Many interact not only with their clients, but also with medical practitioners and social service agency staff and most accurately translate information into lay person's terms for their clients.

**Clients**

*Clients* are pregnant women who may be economically disadvantaged, receive supplemental income, or be eligible for a variety of social services including medical care. Some clients are in their teens; some are young adults; some may be older. Some may be pregnant for the first time or already be mothers. Clients may be members of any ethnic group including African-American, Asian-American, Euro-American, Hispanic-Latino American, or Native American. Some receive positive support from family members, while others may not have a positive support system. Some may have dropped out of school or be at risk of dropping out. Some may use alcohol, tobacco, or other drugs or be at risk of addiction. Some may have been or may be emotionally, physically, or sexually abused. Some refugee clients may have been tortured or threatened with torture in their home countries, and family members may have been kidnapped or tortured. Some clients may need extensive, long-term support to meet a variety of daunting challenges including delivering a healthy baby. Others with fewer challenges or more resources from significant others or the community may require less support.

# SECTION 1: Understanding Your Volunteer Roles

**Total Time**
1 hour & 45 minutes

Arrange the room to promote participation and interaction. Provide refreshments if possible.

**Flip Chart**
Write section purpose and objectives on Flip Chart or have prepared prior to session.

## Purpose

To introduce volunteerism as a job with specific responsibilities.

## Objectives

A. To become aware of reasons for volunteering.

B. To examine commitment as part of volunteering.

C. To understand the partnership involved in volunteering.

## Materials Needed

- ❒ Name tags & markers
- ❒ Flip chart & markers (or other writing & presentation surface, e.g., white/chalk board)
- ❒ VHS player & monitor
- ❒ Handout #1—*Why Am I Here?* (copies for group)
- ❒ Handout #2—*Personal Goals* (copies for group)
- ❒ Handout #3—*It's a Partnership* (copies for pair use)
- ❒ Pencils or pens
- ❒ Agency mission statement to insert in Section 1A

## Preparing for the Training

(5 minutes)

**To the Leader**
Welcome participants to the session. Explain that *Healthy Connections* is designed to complement the existing volunteer training done at your agency—to support volunteers in their work with pregnant women at risk of abusing alcohol, tobacco, and other drugs. Stress that the program's main purpose is for women to have healthy, substance-free pregnancies that help prevent the birth of babies with mental retardation and other disabilities.



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(5-10 minutes)

Make sure all participants can see each other.

## Optional Activity

**Ice-Breaker Activity**
DIRECTIONS: This activity will help us get to know each other. Take a minute to think about your main reason for volunteering. You will be introducing yourself by saying your first name and reason for volunteering. After the first person has given her name and reason, the person to the right will repeat the first person's name and reason and add her/his own name and reason. We will continue until we have all been introduced.

◊ EXAMPLE: (It is Carol's turn after two others. Gesturing to her immediate left, she says:) Her name is Julie and she was worried about an empty nest. (Gesturing again.) Her name is Mattie and she wanted to give back to her community. My name is Carol. I was a "teen mom" and thought I could help.

(2 minutes)

## Opening the Section

**To the Leader**
Tell participants that *Healthy Connections* uses three themes throughout the program:

1) Working with the client to help avoid use of alcohol, tobacco, and other drugs during pregnancy so that she can give birth to a healthy baby.

2) Working with the client to help her become more self-reliant and independent.

3) Working as part of a team within an agency.

# Section 1A: Why Am I Here?

## Objective

To become aware of reasons for volunteering.

## Set-Up

(10 minutes)

By volunteering you've made a commitment to this agency. Our purpose [INSERT AGENCY MISSION STATEMENT HERE OR USE THE FOLLOWING] is to help women have alcohol and other drug free pregnancies and deliver healthy babies. Everything we do is aimed at reaching this goal.

**Flip Chart**
Write the agency's mission statement on the Flip Chart or have prepared prior to session.

How do we do this? We work with our clients so they can help themselves. We call this process "empowerment." It means giving somebody the ability to think and act for himself or herself.

Your main goals as a volunteer are to help your client have a healthy, substance-free pregnancy and become more self-reliant.

In this process you may play many different roles, such as:

**Flip Chart**
Write key roles on flip chart.

- a *partner*—someone who works with your client toward mutual goals;
- an *ally*—someone who is on her side and helps her get her needs met;
- an *advocate*—someone who will go to bat for her to help get the services for which she is eligible and will help her learn how to be her own advocate;
- an *educator*—someone who helps her learn new knowledge, attitudes, and skills that will increase her ability to have a healthy pregnancy and become more self-sufficient.

Your relationship with this agency and your client is a partnership. This partnership is a mutual agreement that allows each partner to carry out specific tasks. It is important for you to be a team player who works with our agency and staff. You should be aware of the responsibilities and limitations involved in this partnership.



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(5 minutes)

Show the introduction to Section 1 & segments *Why Am I Here?* and *What Do I Do?*

## Video

**Video Setup**
What you'll see in the *Healthy Connections* video are real volunteers and agency personnel talking about their experiences. All are involved in situations where volunteers work with clients to promote healthy, substance-free pregnancies and births. The people in the video come from three separate programs that work with different types and ages of clients in a variety of places—urban, suburban, and rural. They sometimes mention their own programs and use many different terms, but the basic messages are the same. Regardless of different titles or different words, the objectives are (a) avoiding alcohol, tobacco, and other drugs during pregnancy to give birth to a healthy baby; (b) promoting more independent living; and (c) working as part of a team.

(8 minutes)

**Discussion Notes**
People volunteer for a variety of reasons. Briefly talk about similarities and differences between program participants and the volunteers shown in the video.

- Emphasize your agency's perspective on volunteer roles and the support provided to volunteers.
- Stress the importance of being supportive while also encouraging the client to increase self-reliance.
- Note that motives for volunteering can have different results that may not always be beneficial to the client.
- Reinforce the partnership message and that everyone works together to support the main goals of helping the client have a healthy pregnancy and birth and gain more independence.

(15 minutes)

## Activity

Distribute Handout #1 & pencils.

**Self-Inventory Worksheet—Why Am I Here?**
INTRODUCTION: A *motive* is the reason why a person says or does something. In the video, you heard volunteers describe why they became involved in programs and what they do as volunteers. The roles that volunteers play and the activities they become involved with can vary tremendously. As a volunteer, you should choose activities that you feel comfortable doing with your client.

Remember that volunteering is a partnership of three—the volunteer, the agency, and the client. In volunteering, each of you may have different reasons for being here. As a volunteer it is important to look at your personal reasons and make sure that they support the agency's mission.

DIRECTIONS: The handout contains a column for each part of the partnership and questions related to motives. Write down as many reasons as you can think of for why you're here. Then, move to the next column; think of why the agency wants you here and write down those reasons. Do the same thing for client reasons in the last column. After you've finished all columns, underline motives that are the same across two or three columns. Circle motives that aren't the same.

When participants have written a few items, ask them to move on to next column.

(2-3 minutes each)

**Discussion Notes**

(5 minutes)

- Ask group to share responses, particularly items that repeat across columns with possible differences in meaning or interpretation.
- Discuss similarities, differences, and implications of each.
- Focus on motives that fit with your agency and with the goals of healthy pregnancy and greater independence.

**To the Leader**

A personal story about your own motives (or of someone in your program) and how you've grown in understanding can be helpful. Or, you can share the following:

◊ EXAMPLE: (Viola) Starting out as a volunteer is exciting, scary, and rewarding. I remember I came with my own agenda. I thought in 7 or 8 months I would completely change the woman I was going to work with. That's really where I was; I wanted to change her. I didn't think about what she might want. I thought I had all the answers. I found out that my role was only one part of the whole picture, and my goals had to fit with the program and the client.

NOTE: This is the first use of Viola, a character used throughout the training program. She has been created with experiences that can be used when the leader does not have a personal story. The leader can choose to explain Viola's purpose or to present her as "someone you might know."

# Section 1B: What Is Involved?

## Objective

To examine commitment as part of volunteering.

## Set-Up

(5 minutes)

Volunteering is very rewarding and very challenging. As you examine your motives and work to separate what you want from what's best for the client, you also can look at what you can reasonably expect from week to week. You are one of three partners—you, the agency, and your client—all of whom have their own responsibilities and want to succeed. What can you look forward to that will help you with your volunteer job?

Your motive to volunteer has led you to make a commitment to this agency. That commitment should center on empowering your client to have a healthy, substance-free pregnancy and gain more independence. Accomplishing these goals helps to prevent serious health problems for the child such as mental retardation and other developmental disabilities.

Your commitment will help you determine the things you'll do with your client. Keep in mind, though, that you don't have to *do everything* for the client, but rather *empower* her to do things for herself.

Empowerment was defined in the last segment as "giving somebody the ability to think and act independently." Within the term, we recognize the word power, which means taking charge, having choices, and taking positive action for yourself. Empowerment means helping another person discover and use her/his own power, which involves taking responsibility for the things in life that can be changed. Empowerment is the opposite of taking away responsibility, controlling someone's behavior, trying to "rescue" someone or "change" them. Empowerment means helping your client be independent. Empowerment builds self-esteem, decision-making and problem-solving skills, and healthy self-control and self-reliance.



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(2 minutes)

## Video

Show segment *What Is Involved?*

**Video Setup**
In this segment of the *Healthy Connections* video, volunteers discuss the many tasks they've done with their clients. They focus on being supportive as volunteers, being realistic about what you're willing to do, and the degree of commitment and comfort level you feel.

(6 minutes)

**Discussion Notes**
Conduct a brief discussion of the kinds of activities and tasks that are common to your volunteers. Emphasize any critical jobs your volunteers are encouraged to undertake. Clarify areas where they should be cautious and report their concerns back to you. Point out the supports they receive from your agency.

(15 minutes)

## Activity

Distribute Handout #2 & pencils.

**Worksheet—Personal Goals**
INTRODUCTION: Let's take a few minutes to think about involvement and personal goals. As you think about your goals, keep in mind that you don't have to do everything yourself, nor do you want to let the agency or your client overtake or run your life. The partners have to work together—with each contributing and carrying her own responsibility.

Ask group to share responses and discuss any insights about volunteering that emerged.

DIRECTIONS: List what is most important to you as you volunteer. Use the questions on the worksheet to ask yourself: "What am I willing to do?" "What am I unwilling to do?" "What can I reasonably expect?" "What can I realistically accomplish?" "What kind of time can I devote?" "What kind of help am I able to give?" "What support will I need?" Add other questions you think of.

**To the Leader**
A personal story on how you set your own goals can help participants clarify their own views, or you can share this example:

◊ EXAMPLE: (Viola) I started with some unrealistic ideas about the program and the young women I'd work with. I found out very quickly that I had to set some boundaries. I saw so much need and started out saying yes to almost everything. I tried to take on every request the agency made until I realized I felt resentful. I thought working with a client was going to be nice—that she'd be thankful for my help and do everything right. I just didn't dream of other problems and needs she had in her life. I had to decide what I wanted and what I could give.

# Section 1C: How Am I A Role Model?

## Objective

To understand the partnership involved in volunteering.

## Set-Up

(2 minutes)

Just by being who you are—someone who is volunteering out of a sense of caring and commitment—you are setting an example for your client. You work closely with your agency to promote a healthy, substance-free pregnancy for your client. You serve as a role model providing your client with a sense of how to become a part of society, how to make healthy choices, and how to live more independently.

## Video

(3 minutes)

Show segments *How Am I A Role Model?* and *How Do I Fit In?*

**Video Setup**
You'll hear the volunteers in this video segment describe their daily activities and how being available to their clients is a significant part of setting an example. The volunteers in the video also stress the importance of working as part of a team, both for personal support as well as to help make sure that the client has access to all sources of assistance.

**Discussion Notes**
(6 minutes)

Use the video and examples from your agency to conduct a brief discussion of roles, motives, perceptions, commitment, responsibility, goals, limits, the partnership, etc. Emphasize that volunteers are part of a team, serve as role models, and support clients in many ways during and after pregnancy.

(15 minutes)

Distribute Handout #3.

If the group is large, form triads and use the Observer role. If there's enough time, reverse roles.

## Activity

**Role Play—It's a Partnership**
DIRECTIONS: You'll work with a partner for this exercise. Decide who will be the volunteer and who will be the client. In one situation the client tells her volunteer about a housing problem. In another, the volunteer notices her client is having physical problems during her pregnancy. In another, a client calls her volunteer to chat. And in another, a client talks to her volunteer about feeling depressed after giving birth. Read your situation and work with your partner for about 5 minutes on your views and solutions. Remember, there aren't always right and wrong answers. Each pair will present its role play to the rest of the group. We'll follow with a brief summary and discussion.

**To the Leader**
Try to add your own role play situations. This will allow participants to practice for challenges that might occur during their volunteering and provides chances to clarify motivations and level of involvement. It will also reinforce the main goals of the program that the volunteer wants to help the client have a healthy pregnancy and birth and gain more independence. In addition, role playing can emphasize your agency's policy and procedures on dangerous situations.

## Wrap Up

(5 minutes)

**Discussion Notes**
Ask participants what they learned about their motives, roles, establishing realistic goals and activities, and working as part of a team. Suggest that they rethink these regularly to determine if they support the main goals of helping the client have a healthy pregnancy and birth and gain more independence.

# SECTION 2: Understanding the Partnership with Your Client

**Total Time**
1 hour & 30 minutes

## Purpose

To explore perceptions, including biases and prejudices, that volunteers and their clients bring to the relationship.

**Flip Chart**
Write section purpose and objectives on Flip Chart or have prepared prior to session.

## Objectives

A. To increase awareness about individual characteristics of self and the client, i.e., issues of diversity—values, race, socioeconomic status, religion, cultural background, family structure, education.

B. To increase awareness and knowledge of basic characteristics of adolescent-type behavior and issues they may be facing particularly regarding high risk behaviors.

## Materials Needed

- ❒ Flip chart & markers (or other writing & presentation surface, e.g., white/chalk board)
- ❒ VHS player & monitor
- ❒ Handout #4—*How Do Others See Me?* (copies for group)
- ❒ Handout #5—*Fuzzy Logic* (copies for group)
- ❒ Handout #6—*Ethnic Profiles* (copies for group)
- ❒ Handout #7—*Those Old Feelings* (copies for pair use)
- ❒ Pencils or pens

## Opening the Section

(2 minutes)

**To the Leader**
In this section, you will work with participants to explore:

- What they bring to their relationships with clients;
- What clients bring; and
- What clients need from volunteers.



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Each volunteer is a unique person who brings his or her own culture and background, as well as previous learning from past experiences—successes and failures. It is important for volunteers to explore their own culture, values, perceptions, beliefs, opinions, and prejudices. Participants will consider those areas that help and those that get in the way of effectively working with their clients toward the goal of a healthy pregnancy and birth. They will identify triggers that set off biased responses and practice holding their assumptions, values, and biases in check.

# Section 2A: Where Do I Begin?

## Objective

**To increase awareness about individual characteristics of self and the client, i.e., issues of diversity—values, race, socioeconomic status, religion, cultural background, education.**

## Set-Up

(8 minutes)

Asking the question, "Who am I?" means exploring your culture, values, perceptions, opinions, responses to different situations and people, preconceived ideas, and ways of behaving. Even if you and your client share the same culture, you may have very different values. It is important to distinguish between your views and your client's views—and what is in the best interest of your client.

*Diversity* is a term we often use to describe differences. Diversity refers to the differences in people's race, gender, ethnicity, culture, and customs. Whether we realize it or not, these differences shape values, beliefs, and opinions including biases and stereotypes. Everyone has biases and prejudices. They affect how we see people and how we deal with them. They influence what we hear and tune out; what we see and overlook; what we say and keep to ourselves; what we do and don't do; and, most importantly, what we expect from ourselves and others. These biases can directly affect our work with clients.

**Flip Chart**
Write term & references as mentioned or have prepared prior to session.

To understand diversity, we must be aware of our own underlying feelings and values. This understanding begins with a hard look at ourselves.

## Video

(5 minutes)

**Video Setup**
Diversity is part of life. It's very important to recognize differences and learn ways to respond nonjudgmentally. It's just as important to be prepared for times when you may be the target of stereotypes and prejudice.

Show the introduction to Section 2 & segments *Understanding Your Client, Where Do I Begin?*, and *Who Is My Client?*



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(6 minutes)

**Discussion Notes**
Talk to the group about the diversity that exists within your agency and community. Emphasize that participants can increase their understanding of diversity by starting with their own views and behaviors. It is important for them to:

- Become aware of their own prejudices; and
- Avoid imposing these prejudices on others or using them to prejudge a person or situation.

(12 minutes)

## Activity

Distribute Handout #4 & pencils.

**Worksheet—How Do Others See Me?**
INTRODUCTION: We are going to do two activities in this segment—the first focuses on you and the second on the client.

Think about the first time you see or meet someone. Do you sometimes make a snap judgment or decision about that person? For example, you might think:

"I'd like to know this person better."
"I bet she never has to worry about what she eats!"
"What a jerk! How could anybody believe such a stupid thing?"
"I feel safe with this person."
"Well! He sure is stuck up."

Sound familiar? Just think; they were doing the same thing to you! We've all done it, but it sometimes gets in the way of really getting to know people.

When participants have written their responses, ask them to share their characteristics.

DIRECTIONS: In the left column of the worksheet are some characteristics used to define ourselves. Look down the list and select three or four and think about how you describe yourself. Then, in the right column write down how someone else might describe you.

◊ EXAMPLE: (Viola) I'm deeply religious, and I chose that as one of my defining characteristics. I've always thought of myself as very caring of others and willing to help people in need. I was shocked when I overheard someone describe me as a "push over." It really made me stop and think about how others might perceive me. I realized that some might consider my behavior as "Holier-Than-Thou."

**Discussion Notes**
Point out that volunteers must work hard not to judge others. Conclude by emphasizing that by becoming more aware of personal values and perceptions, each volunteer can avoid focusing on what the client should do and concentrate on what's best for the client.

## Activity

(20 minutes)

**Worksheet—Fuzzy Logic**
INTRODUCTION: Now we shift our view to the client—the pregnant woman. Your client's background may give you a sense of where she might be coming from and what she might be dealing with. This sense, however, must be checked out with your client. Your client is the expert about her culture, life experiences, support system, problems, needs, and concerns.

Distribute Handout #5 & pencils.

DIRECTIONS: Let's look at how easily we make assumptions about other people. The worksheet has several descriptions of people. After we read each, we'll talk about assumptions we make about those people.

**To the Leader**
If the descriptions are not appropriate or seem dated, consider using magazine pictures. You can ask the participants to make up stories about them. After sharing the stories, you can ask what made them think a certain way.

**Handout—Ethnic Profiles**
INTRODUCTION: Researchers have developed profiles of various ethnic groups, based on generalizations. Before we look at their profiles, let's make our own list of characteristics.

Distribute Handout #6 & pencils.

DIRECTIONS: Here are five common American ethnic groups:

- African American,
- Asian American,
- Euro American,
- Hispanic-Latino American, and
- Native American.

**Flip Chart**
List several descriptions for each as given by participants and identify similarities on flip chart.

What are some "typical" characteristics of each of these groups?

Let's look at the ethnic profiles and compare them to our list. What do our comments tell us about ourselves and how we view others?

# Section 2B: What Is My Client Saying?

## Objective

To increase awareness and knowledge of basic characteristics of adolescent-type behavior and issues they may face particularly regarding high risk behaviors.

## Set-Up

(6 minutes)

An understanding of basic developmental stages of adolescence can help you put into perspective many of your client's behaviors. It is important to know that even if your client is not a teenager, her responses may closely follow adolescent-type behavior patterns. Like adolescents, your clients may operate very much in the present—finding it difficult to think about or plan for the future. She may be quite impulsive and may not consider the consequences of her actions. Both teenagers and older women frequently face issues of independence, although one may be dealing with parents and the other with a spouse or roommate. In addition, pregnancy itself can affect both the younger and older women's thinking and emotions.

**Flip Chart**
Write characteristics as mentioned or have prepared prior to session.

## Video

(3 minutes)

**Video Setup**
This segment of the video deals with behaviors and thinking common to many pregnant women. These are characterized by decision-making and problem-solving strategies that can be described in the same terms used for adolescent-type behavior and thinking. Recognizing these differences in ways of behaving and thinking can help you work with your client to promote a healthy pregnancy and birth as well as independent living skills.

Show segment *What Is My Client Saying?*

**Discussion Notes**
Volunteers can explore how certain behaviors affect their clients' health and well-being during pregnancy. Use examples of behaviors and thinking typical of your agency's clients to lead a brief discussion.

(6 minutes)



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- Stress the importance of understanding that shifts in opinion and emotions are standard during pregnancy.
- Emphasize the need to withhold judgmental reactions and responses.
- Repeat helpful and necessary information as many times as needed.

(12 minutes)

## Activity

Form partners & distribute Handout #7, separated into cards, including blanks.

Link participant responses to behaviors of clients in your program.

Remind participants that clients of all ages go through many changes during pregnancy.

**Pairs Handout—Those Old Feelings**
DIRECTIONS: Words and phrases often bring out strong feelings in people. Think back to when you were an adolescent and remember how you felt about the items on your cards. Take turns with your partner talking about what being an adolescent was like for you. Add your own words on the blank cards. What did you learn growing up about sexuality and pregnancy? Think about any experiences and concerns you had. What were the attitudes of your family and friends toward sexuality and pregnancy? What were your hopes, fears, needs, and wants? Have your views and feelings changed over the years? Can you think of ways to help bridge differences in viewpoints? Focus on what you received as an adolescent that you would like to give someone else, and what you didn't get that you needed or would have liked.

(5 minutes)

## Wrap Up

**Discussion Notes**
In this section, participants have considered some important elements of having a positive attitude and promoting it in interactions with their clients. Ask them what they've learned about themselves and their potential clients. How do they feel about working with someone who is very alike or different from them? What attitudes and behaviors will they need to set aside when working with their clients? What do they think will push one of their buttons? What do they need to do to be a positive influence in their clients' lives?

# SECTION 3: Raising Awareness of Health Risks

**Total Time**
45 minutes

## Purpose

To provide an overview of the health risks their clients may face due to the use of alcohol, tobacco, and other substances.

**Flip Chart**
Write section purpose and objectives on Flip Chart or have prepared prior to session.

## Objective

To promote a healthy pregnancy free of alcohol, tobacco, and other substances.

## Materials Needed

- ❒ Flip chart & markers (or other writing & presentation surface, e.g., white/chalk board)
- ❒ VHS player & monitor
- ❒ Handout #8—*Sensitive Situations* (copies for pair use)
- ❒ Pencils or pens

## Opening the Section

(2 minutes)

**To the Leader**
In this section, you will help participants understand how their clients' risky behaviors can have a negative effect on the clients and their unborn babies:

- Alcohol use has been linked to Fetal Alcohol Syndrome and mental retardation in newborns.
- Cigarette smoking by the pregnant woman or other people around her can have harmful effects for the unborn child.

Volunteers can also provide support to their clients in other areas, including nutrition, family and interpersonal relations, and sexual activity.

Specific information on these topics should come from your agency's program. It is important to emphasize your policies and procedures for dealing with potentially dangerous and illegal activities. You may also want to provide pamphlets on substance abuse and associated health risks.



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# Section 3A: What Should I Know?

## Objective

To promote a healthy pregnancy free from tobacco, alcohol, and other substances.

## Set-Up

(8 minutes)

**Flip Chart**
Write risky behaviors as mentioned or have prepared prior to session.

It is extremely important to pay attention to the type of thinking associated with risky behaviors that can have a harmful effect on both the pregnant woman and her unborn baby. Something as simple as bad eating habits can contribute to serious problems. For example, women who are very concerned with their figures may refuse to eat the food needed for her unborn baby to be healthy.

Use of alcohol, tobacco, or other drugs by pregnant women create even more serious problems. It often results in babies being born with low birthweight or other health problems that cause permanent physical and mental disabilities. Use of alcohol during pregnancy can result in Fetal Alcohol Syndrome, mental retardation, and other developmental disabilities. In addition, alcohol also affects mood and behaviors, so its use can intensify impulsive thinking and actions that can lead to other serious problems. Depression, suicide, violence, and criminal acts—such as rape, battery, other forms of assault and abuse, and homicide—all have links to alcohol use. Even tobacco use poses a threat to a healthy pregnancy and birth. Certainly another risk factor is related to sexual behavior. Sexually transmitted diseases—STDs—can affect both the woman and fetus.

It is also important to remember that some of the clients are involved in relationships where they are subject to physical abuse. Some may already be mothers and difficulties with parenting skills might put their other children at risk of neglect or abuse.



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(6 minutes)

Show the introduction to Section 3 & segments *What Should I Know?* and *How Can The Baby Be Affected?*

(6 minutes)

## Video

**Video Setup**
In these segments of the video, volunteers and agency personnel describe risky behaviors they encounter when working with their clients. They also stress the importance of being aware of possible danger in volunteer activities. It's important to remember that you're in a partnership and that you should always seek help from the agency to address problems and potentially dangerous situations.

**Discussion Notes**
Participants should understand the relationship between a pregnant woman's lifestyle choices and the health of her baby. Talk about how volunteers can help their clients get past impulsive decisions and quick gratification to promote healthy choices. Emphasize your policies and procedures in all the areas of risk factors and behaviors. Tell participants how they can get more information or training related to substance abuse, Fetal Alcohol Syndrome (FAS), mental retardation, tobacco use, sexually transmitted diseases (STDs), nutrition, and parenting.

Remind volunteers that they may face some extreme situations. When they encounter or suspect neglect, adult or child abuse, or substance abuse, they need to report their concerns to the agency. Acting alone or independent of the agency can place them or their clients in danger.

(15 minutes)

Distribute Handout #8.

It can be helpful to include situations that deal with incidents specific to your agency, clients, and volunteers.

## Activity

**Role Play—Sensitive Situations**
DIRECTIONS: You're going to work with a partner in this role play exercise. Decide who will be the volunteer and who will be the client. In one situation a volunteer notices that her client is smoking a lot. In another, a client tells the volunteer about pressure from her boyfriend. In another, the volunteer is concerned about her client's eating habits. And, in another, the volunteer observes a strong change in her client's behavior. Read your situation and work with your partner for about 5 minutes on your views and solution. Remember, there aren't always right and wrong responses. Afterward, each pair will present its role play before the rest of the group. We'll follow-up with a brief critique and discussion.

**To the Leader**
These role plays allow participants to practice making distinctions that will help them support their client while promoting a healthy pregnancy and birth message. They will also help participants explore how to avoid becoming involved in situations that are potentially dangerous. Be sure that the volunteers understand your policies and procedures as well as any laws that apply.

## Wrap Up

**Discussion Notes** (5 minutes)
Ask participants how they would start a conversation with their clients on sensitive topics like substance abuse and physical abuse. What types of situations should they consider dangerous when working with their client? Are they clear about your agency's policies and procedures regarding potentially dangerous situations?

# SECTION 4: Working Together

**Total Time**
2 hours

**Flip Chart**
Write section purpose and objectives on Flip Chart or have prepared prior to session.

## Purpose

To provide a basic communications strategy and problem-solving technique for volunteers to use with their clients.

## Objectives

A. To learn and practice core communication skills that build rapport and trust and improve interactions between the volunteer and client.

B. To learn and practice a basic problem-solving tool that can be shared with the client to promote sound, healthy decision making.

C. To use these strategies to manage boundaries between volunteers and their clients.

## Materials Needed

- ❒ Flip chart & markers (or other writing & presentation surface, e.g., white/chalk board)
- ❒ VHS player & monitor
- ❒ Handout #9—*Communication Guidelines* (copies for group)
- ❒ Handout #10—*Building Walls!* (copies for group)
- ❒ Handout #11—*Talking to Me?* (copies for pair use)
- ❒ Handout #12—*Problem Solving With M.O.T.H.E.R.* (copies for group)
- ❒ Handout #13—*Sorting It All Out* (copies for pair use)
- ❒ Handout #14—*My Fences* (copies for pair use)
- ❒ Handout #15—*Key Topics to Cover* (copies for group)
- ❒ Pencils or pens



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(2 minutes)

## Opening the Section

**To the Leader**
In this section, you will work with participants to build their skills in:

- Communication strategies;
- Problem-solving techniques; and
- Setting personal limits.

In each of these, volunteers will be best served by being straightforward with the agency and their clients. Volunteer and their clients should cover fundamental ground rules in the early stages of their relationship. However, the volunteer can only go as far as the client is ready to go. Both the agency and volunteer need to recognize and respect the client's individuality and dignity. The partnership will succeed if everyone can keep the focus on the common goals of a healthy pregnancy and birth.

# Section 4A: What Am I Hearing?

## Objective

To learn and practice core communication skills that build rapport and trust and improve interactions between the volunteer and client.

## Set-Up

(6 minutes)

**Flip Chart**
Write verbal & nonverbal communication as mentioned or have prepared prior to session.

Empowering attitudes and actions are the best way to help another person gain more self-respect and independence. Empowering your client involves communicating in supportive ways and avoiding unsupportive ways.

Communication is both verbal—what you say—and nonverbal—how you behave. Nonverbal communication is also called "body language." Examples are how close to your client you stand or sit, what you do with your hands, and the tone and volume of your voice. Culture and life experiences affect how we communicate both verbally and nonverbally. Your relationship with your client depends a lot on your being aware of how you interact with her.

This training program presents the basic elements of good communications—active listening and helpful responding. If you master these two communications skills, you will be well on your way to a strong, open relationship with your client.

## Video

(3 minutes)

Show the introduction to Section 4 & segment *What Am I Hearing?*

(12 minutes)

**Video Setup**
At the heart of every relationship is good communication. This is especially true for the volunteer and client. The volunteers and agency personnel in this segment of the videotape speak about the importance of good communications skills.

**Discussion Notes**
The video emphasizes the basics of good communications—being a good listener, validating feelings, and keeping an open mind. Learning communication skills requires practice. Use the following two handouts—*Communication Guidelines* and *Building Walls*—to work with the volunteers on improving their skills.



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Distribute Handout #9 & #10.

Have participants read aloud and discuss points.

Discuss implications of guidelines & obstacles.

Share personal insights.

**Handout—Communication Guidelines**
INTRODUCTION: Successful communicators combine all the aspects we have touched on in this training. What they do is establish rapport and build trust. Here are guidelines for communication with your client.

General
- Be sensitive to and respect your client's values and culture.
- Keep your perspective.
- Pay attention to facial expressions and body language—both hers and yours.

Listening
- Show that you're paying attention when your client speaks.
- Don't interrupt.
- Don't prepare your response while your client is talking.
- Convey a positive, calm, nonjudgmental attitude.

Responding
- Ask for information to better understand your client.
- Avoid "why" questions; they carry a judgmental viewpoint.
- Use "I" statements to convey your feelings and opinions.
- Encourage her to ask questions and express concerns.
- Talk with your client; don't lecture. Whenever you give information, also give her a chance to respond.
- Check your understanding often to be sure you are both on the same wave length.

**Handout—Building Walls!**
INTRODUCTION: It is really important to listen to your client. Some obstacles are:

- Daydreaming;
- Having a closed mind;
- Assuming your client thinks the same way you do;
- Assuming your client communicates the same way you do (for example, eye contact and proximity/nearness);
- Jumping to conclusions; and
- Judging or evaluating everything.

Good communication also includes helpful responding. Some obstacles are:

- Ordering or commanding;
- Warning or threatening;

- Lecturing, moralizing, or preaching;
- Criticizing or blaming;
- Ridiculing;
- Withdrawing; and
- Distracting or humoring

## Activity

(15 minutes)

Allow time for pairs to form & decide on A & B

Distribute Handout #11 to A & B. (Use one or both, as desired.)

**Role Play—Talking to Me?**
DIRECTIONS: This role play is different from the others we've done. Form pairs and decide who will be A (the client) and who will be B (the volunteer). The client, Role A, will read background information and plan how to present the issues to B, your volunteer. Role B will receive the background and also should review the handouts to think about supportive ways of listening and responding to the client. Prepare for about 5 minutes; then, each pair will present its role play to the group.

**To the Leader**
Emphasize the communication guidelines and obstacles to active listening and helpful responding. Assure participants that any awkwardness will pass with practice. In the follow-up discussion, allow volunteers to suggest alternative ways of responding and express how this practice can help in their work with clients.

# Section 4B: How Can I Help?

## Objective

To learn and practice a basic problem-solving tool that can be shared with the client to promote sound, healthy decision making.

## Set-Up

(6 minutes)

**Flip Chart**
Write problem-solving steps as mentioned or have prepared prior to session.

One of the best ways to help your client gain more independence and feel better about herself is to help her learn how to solve problems. This is part of good communication skills, and the guidelines you just learned also work in problem solving. You help her define the problem, choices, and consequences of each choice. She then can make an informed decision about what she wants to do. Show her how to think through the problem, but don't make decisions for her.

Being able to solve the problems that come up every day is a very important skill. You can help your client in two ways:

1. By modeling the basic steps in the problem-solving process, and
2. By helping your client learn a simple problem-solving technique.

## Video

(1 minute)

Show segment *How Can I Help?*

**Video Setup**
This segment of the video reinforces the importance of helping clients learn a strategy for problem solving. It's important to remember that solving a client's problems for her may help with an immediate dilemma, but it will not give her the tools she needs to be able to deal with her future problems.

**Discussion Notes**
(10 minutes)

The video segment focuses on helping the client develop a strategy for making decisions. Use the following handout—problem-solving steps—to talk about ways the volunteers can help their clients learn how to make informed decisions.

Distribute Handout #12.

Have participants read aloud and discuss steps.

Discuss implications of guidelines & obstacles.

Share personal insights.

**Handout—Problem Solving With M.O.T.H.E.R.**

INTRODUCTION: M.O.T.H.E.R. is a memory aid for learning the basic steps in the problem-solving process. It's a very simple technique. Clients can be taught the basic steps in problem solving by learning and practicing it with you, through watching your examples, and by being rewarded for using the process.

Step 1. ake a clear statement of the problem.
*What is the problem?*

Step 2. btain a list of options or possible solutions.
*What can I do to fix it?*

Step 3. est out each option and reach a decision.
*Do I think this choice will work? What will happen if I do thi-?*

Step 4. ave at it! Carry out the selected option.
*Put my plan into action.*

Step 5. valuate the result
*Did my plan work?*

Step 6. eview what happened throughout the whole process.
*Did these steps work for me?*

(20 minutes)

## Activity

Distribute Handout #13 to A & B. (Use one or both, as desired.)

**Role Play—Sorting It All Out**

DIRECTIONS: Get together with the same partner you had in the last role play. This time Role B will be the client and will receive the background and problem situation, and plan an approach to discuss the issues with A, your volunteer. Role A will receive the background and should review the problem-solving steps and think about responding in a way that will help the client reach her own decision. Take about 5 minutes to prepare; then, each pair will present its role play. We'll check the response and suggestions of the rest of the group.

**To the Leader**

Main points to cover are:

- Discouraging the volunteer from presenting herself as an "expert;" and
- Working with a client to think through the problem, identify the options, and decide on a plan of action.

# Section 4C: When Do I Say No?

## Objective

To use these strategies to manage boundaries between themselves and their clients.

## Set-Up

(4 minutes)

A boundary is a limit, and we all have limits. Boundaries or limits may be related to time, money, your home, or family members, but only each individual can decide exactly what limits are most important. Similarly, boundaries involve feelings and thoughts. Please remember you can't change the world, and you may not change your client, but you do make a difference. Indeed, your success may depend on how you learn to respect your client and how you teach your client to respect you.

## Video

(3 minutes)

Show segments *When Do I Say No?* and *Putting It All Together.*

**Video Setup**
Limits vary from volunteer to volunteer. Each of you will have to decide what you can and can't do. As you watch the video segment on setting limits think about areas where you're likely to want or need to have clear boundaries with your client.

## Activity

(15 minutes)

Distribute Handout #14 for appropriate roles.

**Role Play—My Fences**
DIRECTIONS: Select a partner for this exercise. Decide who will be the volunteer and the client. Don't look at each other's handouts.

- Both Volunteer and Client—You'll start with a situation that presents a specific issue—and very little detail.
- Volunteer—Your starting position is that your client's request is beyond your expectations and limits.
- Client—For 30 seconds you keep repeating your initial request trying to get a "yes" response.
- Volunteer—You continue to say "no," but indicate that you are listening to the client.
- Client—You have two more levels of detail, and when I say "Step Up," you add the first argument to your request and are persistent in repeating it to your volunteer.

- Volunteer—You continue to respond with "no," but can try to get the client to consider options available to her.
- After 30 seconds I'll say "Step Up" again.
- Client—You add the last argument and continue to aggressively repeat your request.
- Volunteer—It is up to you to decide whether to keep saying "no" or change your response.
- After 30 seconds I'll say "stop," and we'll discuss what each of you did and how you felt during the exercise.

**To the Leader**
Main points to cover are:
- How to respond to requests from clients; any differences the participants noticed with added information; and
- How the "volunteers" felt saying "no" and how the "clients" felt continuing to push for a "yes."

## Wrap Up

(10 minutes)

**Discussion Notes**
The volunteers have practiced basic steps for establishing rapport and building trust, showing a positive attitude, listening actively, helpful responding, and problem solving. This experience should help them become more confident about their ability to manage boundaries in different situations and work as a partner with your agency to empower the client.

Use Handout #15, *Key Topics to Cover with Your Client,* as a reminder and guide to working successfully with their clients. Remind them that mistakes and setbacks are natural parts of growth. Reinforce the point that they will be most successful when working hand-in-hand with your agency to support the needs of the clients.

Ask participants to say a few words about what made the most impact on them, what they learned, personal challenges, areas for further practice, and kinds of support they need from your agency.

# Healthy Pregnancy/Prenatal Care

## Organizations

America Belongs to Our Children (ABC)
Scott Newman Center
6255 Sunset Blvd., #1906
Los Angeles, CA 90028
(800) 783-6396

American Civil Liberties Union Foundation (ACLU)
The Women's Rights Project
132 W 43rd Street
New York, NY 10036
(212) 944-9800

Healthy Mothers, Healthy Babies Coalition
409 12th Street, SW
Room 309
Washington, DC 20024
(202) 863-2458

March of Dimes Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605
(914) 428-7100

The National Maternal and Child Health Clearinghouse
8201 Greensboro Drive, Suite 600
McLean, VA 22102
(703) 821-8955

National Perinatal Association (NPA)
3500 E Fletcher Avenue, Suite 209
Tampa, FL 33613
(813) 971-1008

National Women's Resource Center
515 King Street, Suite 410
Alexandria, VA 22314
(703) 836-8761

## Publications

Expanded Food and Nutrition Education Program (EFNEP), Mississippi Cooperative Extension Service. Partners for Life: A Maternal and Infant Nutrition and Health Curriculum. Mississippi: Mississippi State University.

Indiana University School of Nursing (1991). Care Coordination Manual. Indianapolis, IN: Maternity Outreach and Mobilization Project (MOM).

Institute of Medicine, Committee to Study the Prevention of Low Birthweight (1985). Preventing Low Birthweight. Washington, DC: National Academy Press.

Meister, J., Guernsey de Zapien, J. (1986). Un Comienzo Sano/Health Start. Tuscon, AZ: Yuma County Department of Public Health Instructor's Guide.

Robitaille, Y. and Kramer, M. S. (1985, October). Does Participation in Prenatal Courses Lead to Heavier Babies? American Journal of Public Health, 75 (10), 1186-1189.

Stewart, P. J. and Dunkley, G. C. (1985, November 15). Smoking and Health Care Patterns Among Pregnant Women. Canadian Medical Association Journal (Ottowa), 133 (10), 989-994.

## Commercial Materials

Numerous materials available
Association for the Care of Children's Health
7910 Woodmont Avenue, Suite 300
Bethesda, MD 20814-3015
(301) 654-6549

Numerous materials available
Association of Maternal and Child Health Programs
1350 Connecticut Avenue, NW, Suite 803
Washington, DC 20036
(202) 775-0436

Numerous materials available
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
OFFICE ON SMOKING AND HEALTH
Mail Stop K-50
4770 Buford Highway, NE
Atlanta, GA 30341-5705

Numerous materials available
Family Development Resources, Inc.
3160 Pinebrook Road
Park City, UT 84060
(801) 649-5822

Numerous materials available
Friends of the Families, Inc.
1001 Eastern Avenue, 2nd Floor
Baltimore, MD 21202
(410) 659-7701

"Health For Two: Mother and Child"
Edmonton Board of Health
Resource Office
Health Promotion Division, #500
10216 124 St.
Edmonton, Alberta, T5N 4A3, Canada

"Healthy Pregnancy, Healthy Baby: A Handbook for Expectant Moms"
Division of Maternal and Child Health
Department of Environment, Health, and Natural Resources
PO Box 27687
Raleigh, NC 27611-7687
(919) 733-3816

"I'm Pregnant: How to Have a Healthy Baby"
Planned Parenthood Federation of America, Inc.
810 Seventh Avenue
New York, NY 10019
(212) 541-7800

Leaflets in English and Spanish for expectant women and men. Includes AIDS and other risk factors
John Cahill
New York State Health Department
Empire State Plaza
Corning Tower
Albany, NY 12237
(518) 474-5370

# Volunteering

## Organizations

Independent Sector
1828 L Street, NW, Suite 1200
Washington, DC 20036
(202) 223-8100

National Association of Service and Conservation Corps
666 11th Street, NW, Suite 500
Washington, DC 20001
(202) 737-6272

Project Blueprint
United Way of America
701 North Fairfax Street
Alexandria, VA 22314-2045
(703) 836-7100

## Publications

Murk, Peter J. & Stephan, Jane F. (1991) Volunteers Enhance the Quality of Life in a Community...or (How to get Them, Train Them and Keep Them). Paper presented at the Annual Meeting of the American Association for Adult and Continuing Education (Salt Lake City, UT, October 28 - November 3, 1990).

## Commercial Materials

"Volunteer Protection Action-Kit"
American Society of Association Executives (ASAE)
The ASAE Building
1575 Eye Street, NW
Washington, DC 20005-1168
(202) 626-2703

# Cultural Diversity

## Organizations

National Black Women's Health Project
1237 Ralph David Abernathy Blvd., SW
Atlanta, GA 30310
(404) 758-9590

The National MultiCultural Institute
3000 Connecticut Avenue, NW, Suite 438
Washington, DC 20008
(202) 483-0700

## Publications

The Kids on the Block (1990). Cultural difference. Columbia, MD: The Kids on the Block.

Southwest Communication Resources (1989). Listen with respect. Bernalillo, NM: Southwest Communication Resources.

## Commercial Materials

Numerous materials available
National Center for Networking Community-Based Services
Georgetown University Child Development Center
3307 M Street, NW
Washington, DC 20007
(202) 687-8635

Numerous materials available
Sage Publications
2455 Teller Road
Thousand, CA 91320
(805) 499-0721

"Strategies for Working with Culturally Diverse Communities and Clients"
Association for the Care of Children's Health
7910 Woodmont Avenue, Suite 300
Bethesda, MD 20814
(301) 654-6549

# Alcohol, Tobacco, and Other Substance Abuse/Drug Education

## Organizations

Adult Children of Alcoholics
PO Box 3216
Torn, CA 90505
(213) 534-1815

Al-Anon Family Group Headquarters, Inc.
PO Box 182
Madison Square Station
New York, NY 10159
(212) 254-7230

Alcoholics Anonymous (AA)
World Services, Inc.
468 Park Avenue, South
New York, NY 10016
(212) 683-3900

American Council for Drug Education
136 E 64th Street
New York, NY 10021
(212) 758-8060

American Lung Association
1740 Broadway
New York, NY 10019
(212) 315-8717

Coalition on Alcohol & Drug Dependent Women and Their Children
Washington Office of NCADD
1511 K Street, NW, Suite 443
Washington, DC 20005
(202) 737-8122

COCAINE HOTLINE
1-800-COCAINE

Just Say No, International Headquarters
1777 N California Blvd, #210
Walnut Creek, CA 94596
(415) 939-6666

Narcotics Anonymous (NAR ANON)
PO Box 9863
Washington, DC 20016
(202) 399-5316

National Association of Perinatal Addictions Research Education (NAPARE)
11 East Hubbard Street, Suite 200
Chicago, IL 60611
(201) 854-4140

National Clearinghouse for Alcohol and Drug Information (NCADI)
PO Box 2345
Rockville, MD 20852-2345
(800) 729-6686

National Council on Alcoholism and Drug Dependency, Inc. (NCADD)
12 W. 21st Street, 7th Floor
New York, NY 10017
(202) 206-6770

National Organization on Fetal Alcohol Syndrome (NOFAS)
1815 H Street, NW
Suite 1000
Washington, DC 20006
(202) 785-4585

Drug Information Hotline
Center for Substance Abuse Treatment
1-800-662-HELP (English)
1-800-662-AYUDA (Spanish)

## Publications

Aaronson, N. K., Ershoff, D. H., and Danaher, B.G. (1985). Smoking Cessation in Pregnancy: A Self-Help Approach. Addictive Behaviors, 10 (1), 103-108.

Feldman, P. R. (1985, October). Smoking and Health Pregnancy: Now is the Time To Quit. Maryland Medical Journal, 34 (10), 982-986.

Heckler, M. M. (1985, September-October). Helping Pregnant Women to Stop Smoking. (Editorial). Public Health Reports, 100 (3), cover 3.

National Clearinghouse for Alcohol and Drug Information Publications Catalog. Available through NCADI, (800) 729-6686

## Commercial Materials

Numerous materials available
Family Care Communications
PO Box 46102
Eden Prairie, MN 55344
(612) 944-5350

Numerous materials available
Hazelden Educational Material
(800) 328-9000

Numerous materials available
Johnson Institute
(800) 231-5165—in Minnesota (800) 247-0484

"Turning Points: A Resource Guide on Teenagers, Pregnancy, Alcohol, and Other Drugs"
Wisconsin Clearinghouse
PO Box 1468
Madison, WI 53701
(608) 263-2797

# Child Rearing/Parenting

## Organizations

Children's National Medical Center
111 Michigan Avenue, NW
Washington, DC 20010-2970
(202) 884-5000

Institute for Family-Centered Care
7900 Wisconsin Avenue, Suite 405
Bethesda, MD 20814
(301) 652-0281

National Information Center for Children and Youth with Disabilities (NICHCY)
PO Box 1492
Washington, DC 20013
(800) 695-0285

National Parent Network on Disabilities
1600 Prince Street, #115
Alexandria, VA 22314
(703) 684-6763

## Commercial Materials

"Baby's First Year" - developmental calendar
Health Federation of Philadelphia
121 Chestnut Street, Suite 801
Philadelphia, PA 19107
(215) 567-8001

"Community of Caring"
Joseph P. Kennedy, Jr. Foundation
1350 New York Avenue, NW, Suite 500
Washington, DC 20005
(202) 393-1250

"Focus On: Successful Parent Involvement"
Lee Canter & Associates
PO Box 2113
Dept. PJ
Santa Monica, CA 90407-2113
(800) 262-4347

# A Place to Add Local Agencies, Publications, and Materials

DIRECTIONS: **This handout contains a column for each part of the partnership and questions related to motives. Write down as many reasons as you can think of for why you're here. Then, move to the next column; think of why the agency wants you here and write down those reasons. Do the same thing for client reasons in the last column. After you've finished all columns, underline motives that are the same across two or three columns. Circle motives that aren't the same.**

| **Volunteer Motives**<br>Why am I here?<br>Why do I want to be here?<br>Why have I come here? | **Agency Motives**<br>Why does the agency want me here?<br>Why is the agency doing this volunteer program? | **Client Motives**<br>Why does my client want me here?<br>Why is the client in this program? |
|---|---|---|
| | | |

DIRECTIONS: **Write down what is most important to you as you volunteer. Use the following to help you:**

**"What am I willing to do?"**
**"What am I unwilling to do?"**
**"What can I reasonably expect?"**
**"What can I realistically accomplish?"**
**"What kind of time can I devote?"**
**"What kind of help am I able to give?"**
**"What support will I need?"**

**Add other areas that you think of.**

## Personal Goals

DIRECTIONS: **Decide who will be the volunteer and the client. Read your situation. Role play with your partner for about 5 minutes on your views and possible solutions. Remember, there aren't always right and wrong responses. You will present your role play to the rest of the group. Then there will be a brief summary and discussion.**

**SITUATION:** The client calls the volunteer at home late in the evening about a housing problem. The client has been living with her sister, but now her sister wants her to move out immediately. What would you do as the volunteer?

DIRECTIONS: **Decide who will be the volunteer and the client. Read your situation. Role play with your partner for about 5 minutes on your views and possible solutions. Remember, there aren't always right and wrong responses. You will present your role play to the rest of the group. Then there will be a brief summary and discussion.**

**SITUATION:** The volunteer notices her client is having physical problems during her pregnancy. She's having a lot of nausea and trouble keeping food down. In addition, the client keeps missing trips to the clinic with the volunteer. What would you do as the volunteer?

DIRECTIONS: **Decide who will be the volunteer and the client. Read your situation. Role play with your partner for about 5 minutes on your views and possible solutions. Remember, there aren't always right and wrong responses. You will present your role play to the rest of the group. Then there will be a brief summary and discussion.**

**SITUATION:** The client calls the volunteer at home late in the evening to chat about shopping for baby items. What would you do as the volunteer?

DIRECTIONS: **Decide who will be the volunteer and the client. Read your situation. Role play with your partner for about 5 minutes on your views and possible solutions. Remember, there aren't always right and wrong responses. You will present your role play to the rest of the group. Then there will be a brief summary and discussion.**

**SITUATION:** The client talks to the volunteer about feeling depressed and thinking her life is hopeless after giving birth to her second child. The new baby cries all the time and the two-year-old wants all the client's attention. What would you do as the volunteer?

DIRECTIONS: **In the left column of the worksheet are some characteristics and places to add your own words. Look down the list and select three or four and think about how you describe yourself from that perspective. Then, in the right column write down an alternate perception—how someone else might describe you.**

| How I See Myself | How Might Others See Me |
|---|---|
| Afraid | |
| Careful | |
| Clever | |
| Cooperative | |
| Dependable | |
| Friendly | |
| Frugal | |
| Gentle | |
| Humble | |
| Independent | |
| Kind | |
| Persistent | |
| Religious | |
| Resourceful | |
| Shy | |
| Sympathetic | |
| Tough | |
| Trustworthy | |
| _____ | |
| _____ | |

DIRECTIONS: **Let's look at how easily we make generalizations about other people. Below are descriptions of people. First read each description to yourself. Then, we'll read them aloud and talk about other assumptions we made about these people.**

**Angie**

— would live in leather pants and a vest that shows off the tattoo on her arm if she could. She likes to be on the go, trying to spend much of her spare time outdoors. Her muscular physique supports her well, and her cropped dark hair never gets in her way. She has a close circle of friends who sometimes tease her about being a "Know-It-All." But, she's proud that she does know a lot and doesn't mind letting the world in on it. Besides, nobody is going to tell her what to do or how to run her life.

**Courtney**

— is so shy that you wonder sometimes if you haven't seen her thumb in her mouth. She does bite her fingernails and often chews on her long blondish hair, which hangs in her eyes and practically covers her face. She always seems to be looking at her feet and hardly looks directly at other people. She likes dresses with flowers and ruffles, but she usually wears old slacks and a tee shirt. She doesn't seem to have any friends, and she hardly leaves the house without her boyfriend, even to get groceries.

**Maria**

— is petite with shapely legs and slender arms ending in delicate fingers. She has a round face with a shy smile and medium-length black hair held back with a huge ruffled bow. She speaks English with a slight accent. She loves to dress in brightly colored feminine clothes with flowers, ruffles, and lace. She likes to cook big meals with several main courses, many side dishes, and rich desserts. Most of her time outside the house is spent at her church, but she could be talked into going dancing once in awhile.

INTRODUCTION: **Researchers have developed profiles of various ethnic groups, but remember they are very broad and based on generalizations. Below are some common characteristics for five American ethnic groups.**

**African American**

The family is very important. Self-sacrifice is considered unnecessary. The present is more important than the future. Members of this group are more relationship than task oriented. Time is relative. Expression of emotions is important. There is a respect for elders in the community but often a questioning of authority. Group members like their work environments to include family members, food, and music.

**Asian American**

The family is very important, and self-sacrifice, which is considered good, is expected of group members. Past traditions have value. Tasks are oriented toward honor of the family, company, class, or society. Time is relative. Emotions are downplayed for the good of the group. There is a strict respect for authority. Group members are cautious about including family members, food, and music in their work environments.

**Euro American**

The individual is more important than the family. Self-sacrifice is considered unnecessary. The present and future are more important than the past. Members of this group are task oriented for personal and material rewards. Time is precise. Certain emotions are downplayed such as anger for women and gentleness for men. There is often a questioning of authority. Group members rarely include family members, food, and music in their work environments.

**Hispanic-Latino American**

The family is very important, and self-sacrifice is considered good. Past traditions have value. Members of this group are more relationship than task oriented. Time is relative. Expression of emotions is important. There is a respect for authority. Group members like their work environments to include family members, food, and music.

**Native American**

The family is very important, and spiritualism is considered good. Past traditions have value. Members of this group focus on harmony with nature. Time is relative. Emotions are downplayed for group welfare. There is a respect for elders and their authority. Group members like their work environments to include family members, food, and music.

DIRECTIONS: **Words and phrases often evoke strong feelings. Think back to when you were an adolescent and recall how you felt about the items on your cards. Take turns with your partner talking about what being an adolescent was like for you. Add your own words on the blanks cards. What did you learn growing up about sexuality and pregnancy? Think about any experiences and concerns you had. What were the attitudes of your family and friends toward sexuality and pregnancy? What were your hopes, fears, needs, and wants? Have your views and feelings changed over the years? Can you think of ways to help bridge differences in viewpoints? Focus on what you received as an adolescent that you would like to give someone else, and what you didn't get that you needed or would have liked.**

| | | |
|---|---|---|
| **addict** | | **condom** |
| **delinquent** | | **sexual abuse** |
| **alcoholic** | | **pregnant** |
| **prostitute** | | **sexually transmitted diseases (STDs)** |

DIRECTIONS: **Decide who will be the volunteer and the client. Read your situation. Role play with your partner for about 5 minutes on your views and possible solutions. Remember, there aren't always right and wrong responses. You will present your role play to the rest of the group. Then there will be a brief summary and discussion.**

**SITUATION:** The volunteer always smells cigarettes smoke on the client, and when the volunteers makes a home visit she sees evidence of heavy smoking. The volunteer asks the client about quitting, and the client says she knows she should quit, but she's afraid she'll get too nervous if she can't smoke. What would you do as the volunteer?

DIRECTIONS: **Decide who will be the volunteer and the client. Read your situation. Role play with your partner for about 5 minutes on your views and possible solutions. Remember, there aren't always right and wrong responses. You will present your role play to the rest of the group. Then there will be a brief summary and discussion.**

**SITUATION:** The client met a new man who has moved in with her and her eleven-month old. The man does not care about the baby and wants to go out partying with friends. He's putting pressure on the client to give the baby away, and the client is beginning to think life would be better if the baby just disappeared. What would you do as the volunteer?

DIRECTIONS: **Decide who will be the volunteer and the client. Read your situation. Role play with your partner for about 5 minutes on your views and possible solutions. Remember, there aren't always right and wrong responses. You will present your role play to the rest of the group. Then there will be a brief summary and discussion.**

**SITUATION:** The volunteer observes that her teen client is hardly eating. The client says she can't stand the thought of getting fat and wants to fit into her jeans as close to the birth as she can. What would you do as the volunteer?

DIRECTIONS: **Decide who will be the volunteer and the client. Read your situation. Role play with your partner for about 5 minutes on your views and possible solutions. Remember, there aren't always right and wrong responses. You will present your role play to the rest of the group. Then there will be a brief summary and discussion.**

**SITUATION:** The volunteer notices her client is becoming more and more withdrawn. The client has broken several appointments and does not want the volunteer to make home visits. The volunteer goes to the house but the client will only talk through the door. What would you do as the volunteer?

## Communication Guidelines

These are guidelines to incorporate into your interactions with your client.

**GENERAL**

- Be sensitive to and respect your client's values and culture.
- Keep your perspective.
- Pay attention to facial expressions and body language—both hers and yours.

**LISTENING**

- Show that you're paying attention when your client speaks.
- Don't interrupt.
- Don't prepare your response while your client is talking.
- Convey a positive, calm, nonjudgmental attitude.

**RESPONDING**

- Ask for information to better understand your client.
- Avoid "why" questions; they carry a judgmental viewpoint.
- Use "I" statements to convey your feelings and opinions.
- Encourage her to ask questions and express concerns.
- Talk with your client; don't lecture. Whenever you give information, also give her a chance to respond.
- Check your understanding often to be sure you are both on the same wave length.

# Building Walls!

**to your client is a very important part of good communication. Some obstacles are—**

| | |
|---|---|
| Daydreaming | Assuming your client communicates the same way you do (for example, eye contact and proximity/nearness) |
| Having a closed mind | Jumping to conclusions |
| Assuming your client thinks the same way you do | Judging or Evaluating everything |

**is another important part of good communication. Some obstacles are—**

| | |
|---|---|
| Ordering or Commanding | Warning or Threatening |
| Lecturing, Moralizing, or Preaching | Criticizing or Blaming |

| | | |
|---|---|---|
| Ridiculing | Withdrawing | Distracting or Humoring |

## For Role A Only

DIRECTIONS: **You have been designated as Role A, the client. Here is the background and situation. Read this and prepare to present the issues to B, your volunteer. Role B will receive the background and should think about responding in a way that will support the client, A. Together, you will present your role play to the rest of the group.**

**BACKGROUND:** You always had trouble in school but managed to get through junior high. You are able to do your own shopping and follow simple instructions. You've never had a real job and have always been poor, depending on your family and friends for support. You have two older daughters and live in your uncle's two-room trailer that has no running water or indoor bathroom. Your uncle helps out a little when he's sober. You are 8 months pregnant and are trying to make your clinic appointments and remember what the nurses tell you about preparing for the baby. They seem worried about how everyone will adjust and keeping the baby well in the drafty trailer.

**SITUATION:** You're having difficulty understanding and remembering all the things the nurses tell you—like mixing formula, keeping the baby clean and warm, using a car seat, and taking the baby in for shots.

## For Role B Only

DIRECTIONS: **You have been designated as Role B, the volunteer. Here is the background. Read this, review both communication handouts, and think about responding in a way that will support your client, A. Role A will receive the background and situation. Together, you will present your role play to the rest of the group.**

**BACKGROUND:** Your client always had difficulty with school but managed to get through junior high. She is able to do her own shopping and follow simple instructions. She's never had a real job and has always been poor, depending on her family and friends for support. She has two older daughters and lives in her uncle's two-room trailer that has no running water or indoor bathroom. Her uncle helps out a little when he's sober. She is 8 months pregnant and makes most of her clinic appointments.

## For Role A Only

DIRECTIONS: **You have been designated as Role A, the client. Here is the background and situation. Read this and prepare to present the issues to B, your volunteer. Role B will receive the background and should think about responding in a way that will support the client, A. Together, you will present your role play to the rest of the group.**

**BACKGROUND:** You live with your mother in a tiny house not far from your church. You and your mother have lived alone since your father died when you were 10 years old. Your mother has asthma and hasn't worked at a real job for a long time. You think she needs new glasses but you don't know how to get them. You clean people's houses when you can, but there hasn't been much work recently. You and your mother go to church several times a week. The people are nice, but you're embarrassed to let them know you're having trouble making ends meet. You have a 13-month old son who has been the light of your life and of your mother's. But, the baby is changing—starting to walk, having some temper tantrums and kicking, and he's refusing to eat most of the food you give him. He used to stop crying when one of you held him, but that isn't working all the time now.

**SITUATION:** You're feeling a lot of stress about money and things you know your mother and little boy need. You're also worried about some of the feelings you're having. You love your baby, but lately you feel like screaming at him to shut up and you think about making him behave and eat.

## For Role B Only

DIRECTIONS: **You have been designated as Role B, the volunteer. Here is the background. Read this, review both communication handouts, and think about responding in a way that will support your client, A. Role A will receive the background and situation. Together, you will present your role play to the rest of the group.**

**BACKGROUND:** Your client lives with her mother in a tiny house not far from their church. They have lived alone since her father died when she was 10 years old. Her mother has asthma and hasn't worked for a long time. Your client thinks her mother needs new glasses. She cleans people's houses, but there hasn't been much work recently. They go to church often but they've never mentioned talking to anyone. Your client has a 13-month old son who has been the light of her life as well as her mother's. The baby is starting to walk and show other toddler behaviors.

## Problem Solving With M.O.T.H.E.R.

**This is a simple approach to help you remember the basic steps in problem solving. Clients can be taught by learning and practicing it with you, through watching your examples, and by being rewarded for using the process.**

**Step 1.** **M**ake a clear statement of the problem.
***What is the problem?***

**Step 2.** **O**btain a list of options or possible solutions.
***What can I do to fix it?***

**Step 3.** **T**est out each option and reach a decision.
***Do I think this choice will work? What will happen if I do this?***

**Step 4.** **H**ave at it! Carry out the selected option.
***Put my plan into action.***

**Step 5.** **E**valuate the result
***Did my plan work?***





**Step 6.** **R**eview what happened throughout the whole process.
***Did these steps work for me?***

## For Role A Only

DIRECTIONS: **You have been designated as Role A, the volunteer. Here is the background. Read this, review the problem solving handout, and think about helping your client, B, figure out what to do. Role B will receive the background and problem. Together, you will present your role play to the rest of the group.**

**BACKGROUND:** When your client was pregnant she talked about what she was going to do about her job after she had the baby. She doesn't want to be off for very long. She likes her job at the department store and it's important to her. You know her mother wants her to get her G.E.D., but your client doesn't really want to. She has just had her baby, and if she does either one, she will need to arrange child care.

## For Role B Only

DIRECTIONS: **You have been designated as Role B, the client. Here is the background and problem. Read this and prepare to present the problem to Role A, your volunteer. Role A will receive the background, and should think about helping the client. Together, you will present your role play to the rest of the group.**

**BACKGROUND:** All the time you were pregnant you wondered about what you were going to do about your job after you had the baby. Your job at the department store is important to you and you don't want to be off very long. You can't afford child care, but if you take government money you can't keep the job. Your mother offered to watch the baby if you would go for your G.E.D., but you don't really want to do that and you're not sure she'll do it for you to return to work.

**PROBLEM:** You've just had your baby and you want to return to work as soon as possible. You're sure your mother will pressure you to get that diploma, but maybe you can get her to change her mind. Talk to your volunteer about how to decide what to do.

## For Role A Only

DIRECTIONS: **You have been designated as Role A, the volunteer. Here is the background. Read this, review the problem solving handout, and think about helping your client, B, figure out what to do. Role B will receive the background and problem. Together, you will present your role play to the rest of the group**

**BACKGROUND:** All through her pregnancy your client went out with her friends—during the day when they'd meet for coffee or go shopping at the mall, and in the evenings when they'd go to restaurants and bars. Now that she has a baby her expenses have increased. You know she doesn't have a lot of money and her boyfriend isn't helping her. But, she doesn't seem to be cutting back on her spending and is continuing her same lifestyle. You're wondering if trouble is just around the corner for your client.

## For Role B Only

DIRECTIONS: **You have been designated as Role B, the client. Here is the background and problem. Read this and prepare to present the problem to Role A, your volunteer. Role A will receive the background, and should think about helping the client. Together, you will present your role play to the rest of the group.**

**BACKGROUND:** Before you had your baby you loved to go out with your friends, both during the day when you'd meet for coffee or go shopping at the mall, and in the evenings when you'd go to restaurants and bars. Now the baby seems to need so many things, and you never have enough money anymore. You know you need to cut back on your spending, but you know you can't stand just staying home with the baby. Besides, you don't want to give up your fun.

**PROBLEM:** Lately, you're getting a lot of calls about overdue bills. You tried to ignore them, but now people are coming to your door wanting their money. Talk to your volunteer about how to handle the immediate problem.

## For Volunteer Role Only

DIRECTIONS: **Decide who will be the volunteer and the client, and don't look at each other's handouts.**

- **Both roles start with a situation that presents a specific issue—and very little detail. This is all the volunteer knows, but the client has two more levels of detail.**
- **The volunteer's starting position is that the client's request is beyond reasonable expectations and limits.**
- **The client keeps repeating the initial request trying to get a "yes" response.**
- **The volunteer continues to say "no," but indicates that she is listening to the client.**
- **After 30 seconds the leader says "Step Up" and the client adds the first argument to the request and is persistent in repeating it to the volunteer.**
- **The volunteer continues to say "no," but can try to get the client to consider options available to her.**
- **After 30 seconds the leader says "Step Up" again and the client adds the last piece of information and continues to aggressively repeat the request to the volunteer.**
- **The volunteer decides whether to keep saying "no" or change the response.**
- **After 30 seconds the leader says "stop" and leads a discussion on what participants did and how they felt during the exercise.**

**STARTING SITUATION:** Client says, "I'm going to be thrown out of my apartment, and I want you to give me $500.00."

## For Client Role Only

DIRECTIONS: **Decide who will be the volunteer and the client, and don't look at each other's handouts.**

- **Both roles start with a situation that presents a specific issue—and very little detail. This is all the volunteer knows, but the client has two more levels of detail.**
- **The volunteer's starting position is that the client's request is beyond reasonable expectations and limits.**
- **The client keeps repeating the initial request trying to get a "yes" response.**
- **The volunteer continues to say "no," but indicates that she is listening to the client.**
- **After 30 seconds the leader says "Step Up" and the client adds the first argument to the request and is persistent in repeating it to the volunteer.**
- **The volunteer continues to say "no," but can try to get the client to consider options available to her.**
- **After 30 seconds the leader says "Step Up" again and the client adds the last argument and continues to aggressively repeat the request to the volunteer.**
- **The volunteer decides whether to keep saying "no" or change the response.**
- **After 30 seconds the leader says "stop" and leads a discussion on what participants did and how they felt during the exercise.**

**STARTING SITUATION:** Client says, "I'm going to be thrown out of my apartment, and I want you to give me $500.00."

**FIRST ADDED ARGUMENT:** "You don't want me out on the street delivering my baby in some alley, do you? You're supposed to help me."

**LAST ADDED ARGUMENT:** "I don't have a rich husband like you, and my boyfriend says he'll beat me up if I don't get this money."

## Key Topics to Cover with Your Client

**There are 6 topics to cover with your client as part of establishing rapport and building trust.**

1. **Goals and Gains**—Express that your central goals are to help your client have a healthy, substance-free pregnancy and gain more independence. Accomplishing these goals will help prevent mental retardation, other developmental disabilities and developmental delays in the child, and strengthen your client's ability to make a good life for herself and her child.

2. **Empowerment**—Promote the idea of helping a person help herself because it increases her self-respect, power, and control over her life.

3. **Your Role**—Be straightforward with your client about what you can and cannot do. There are many roles to consider such as ally, partner, educator, and advocate.

4. **Confidentiality**—Let your client know that most information she shares with you will stay between the two of you. You also need to let her know that you are obligated to tell the agency about certain situations or behaviors that could endanger her or the unborn child.

5. **Expectations and Limits**—Ask your client to describe her expectations of you. Describe your personal expectations and limits. Talk about which expectations can be met, which cannot, and why. Discuss having respect for each other's limits and keeping communication lines open when issues between you come up.

6. **Encouragement**—Tell your client you have confidence that the two of you can make a good team and succeed in working together to help her have a healthy pregnancy and delivery and gain more independence.